



**King County**  
**Department of Permitting**  
**and Environmental Review**  
 35030 SE Douglas Street, Suite 210  
 Snoqualmie, WA 98065-9266  
**206-296-6600** TTY Relay: 711  
 www.kingcounty.gov

Web date: 02/27/2013

## UNINCORPORATED KING COUNTY Charitable Solicitation Application

For alternate formats, call 206-296-6600.

Application for businesses in **unincorporated** King County only

### Application for Charitable Solicitation Permit

**FEES:** \$40/year  
 \$1,000/year (where professional fund-raising organizations  
 or promoters are used)

(Send or bring application and fee to Department of Permitting at the address above.  
 Make checks payable to King County Office of Finance.)

**Charitable Organization:** ☐ **Promoter:** ☐

**Check one:** ☐ New ☐ Renewal

#### Office Use Only

Fee \$ \_\_\_\_\_ ☐ check ☐ cash

Date received \_\_\_\_\_

Receipt # \_\_\_\_\_

DBA # \_\_\_\_\_

Expiration \_\_\_\_\_

1. Organization/Promoter name \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Local address \_\_\_\_\_

2. List principal officers and managers:

**Name:** First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/ZIP \_\_\_\_\_

**Name:** First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/ZIP \_\_\_\_\_

**Name:** First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/ZIP \_\_\_\_\_

**Name:** First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/ZIP \_\_\_\_\_

3. **For new applicants only: Attach Internal Revenue Code exemption per Section 501 (c) (3).**

4. State purpose of solicitation:

5. Total amount of funds proposed to be raised by solicitations: \$ \_\_\_\_\_

6. Use or disposition to be made of receipts:

7. Person(s) in direct charge of conducting solicitation:

Name	Address	Date of Birth
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Name	Address	Date of Birth
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8. Person by whom the receipts of solicitation will be disbursed: \_\_\_\_\_

9. Outline method(s) used in conducting solicitation: \_\_\_\_\_

10. Location(s) of any telephone solicitation headquarters: \_\_\_\_\_

11. Date Solicitation begins and ends: From \_\_\_\_\_ to \_\_\_\_\_

12. If solicitation by means of coin or currency boxes or receptacles, attach list of locations for each such box and/or receptacle.

13. State the amount of any wages, fees, commission, salaries, expenses to be paid to any person in connection with solicitation. Include the names and addresses of all such persons:

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14. Provide an itemization of the estimated cost of the solicitation.

15. Will the cost of solicitation for direct gifts exceed 20% of the total gross amount raised, or for sale and benefit affairs, exceed 55% of the total gross amount raised, and in both types of solicitation, will all wages, fees, commissions, salaries and emoluments to be paid to all salespeople, solicitors, collectors, customers and managers exceed 20% of the total gross amount to be raised? \_\_\_\_\_

16. What charitable work is now being done in King County?

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17. List any convictions of applicant, principal, principal officers and/or managers:

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STATE OF WASHINGTON       )  
  ) SS  
COUNTY OF KING         )

\_\_\_\_\_, being first duly sworn upon oath, I am the above named applicant, and make this affidavit for the purpose of obtaining from King County a **CHARITABLE SOLICITATION PERMIT** in accordance with the provisions of King County Ordinance No. 1603. I have personal knowledge of the matter stated in the foregoing application and the statements contained therein are true. The provisions of King County Ordinance No. 1603 have been read and understood by the undersigned and principal officers of the applicant. Further, it is understood that a permit, if granted, will not be used or represented as an endorsement by King County or by any department or officer thereof, of solicitations made thereunder.

\_\_\_\_\_  
**Signature of applicant**

Subscribed and sworn to before me on \_\_\_\_\_ by \_\_\_\_\_

\_\_\_\_\_  
Signature, Notary Public in and for the State of Washington

My appointment expires: \_\_\_\_\_

**King County**  
**CHARITABLE SOLICITATION**  
**FISCAL YEAR FINANCIAL STATEMENT**

Section 4 (j) of Ordinance No. **1603** requires this financial statement for the last preceding fiscal year to be filed with each application for a Charitable Solicitation Permit. You may submit your year-end financial statement if you wish, as well.

Name of Applicant \_\_\_\_\_

1. Total amount raised for charitable purposes \$ \_\_\_\_\_

2. Cost of solicitation \$ \_\_\_\_\_

3. Net Income \$ \_\_\_\_\_

4. Final distribution of balance

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

5. Total amount of beneficiaries \_\_\_\_\_

The undersigned certifies the foregoing to be true and correct.

Signature \_\_\_\_\_

Title \_\_\_\_\_

Phone Number \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

**Check out the Department of Permitting Web site at [www.kingcounty.gov/permits](http://www.kingcounty.gov/permits)**